



Washington Massage News

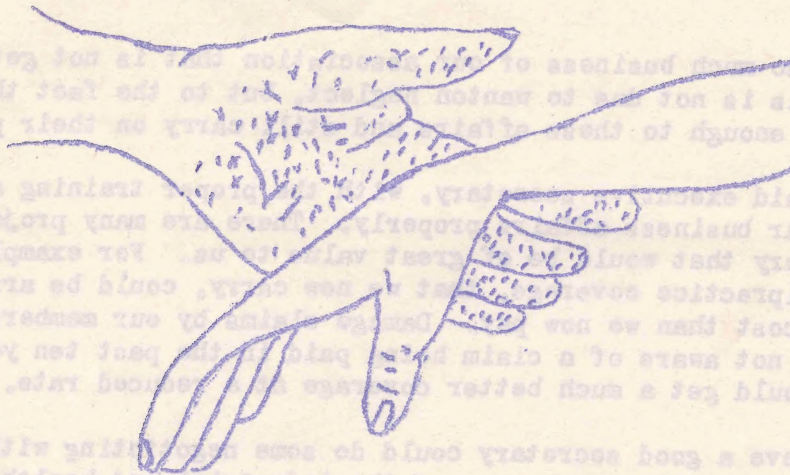
Affiliated with American Massage & Therapy Association

John A. Murray, Editor

MAY ISSUE 1962

Port Townsend, Wash.

MESSAGE EDITION



Faith In Thy Hands.

Report of Arthur B. Dunbar, R.M.T.
Washington State Legislative Chairman

The Massage Therapy profession is on the threshold of a great future, using the skills employed by the more advanced members. We will inherit the field now being vacated by the modern Osteopath who is doing less and less manipulative therapy.

People in ever increasing numbers are turning their steps to our doors in search of the relief they crave from their pains. This golden harvest will continue to be ours as long as the skill of our therapy, the ethics we observe, and the legal protection we obtain for ourselves, will warrant. The Washington Chapter has taken bold steps to insure proper education of future therapists. We have been instrumental in establishing with the Edison Technical Institute of Seattle a training course for massage therapists, that we feel will be second to none in the nation. The curriculum is well varied and complete. The graduating student will have a thorough grounding in the fundamentals of the massage therapy profession. The instruction and experience gained during this training period will fit the student so they may have every reason to have confidence that they will succeed in practice.

Only one factor remains to make this school a complete success, that is, a full roster of students, to meet the instructors when the school will be open for in-

struction this coming September.

Upon being graduated the student will receive a diploma from this unimpeachable course of study, that will command the respect of every one. This school of massage therapy will be open to both Seattle residents and out-of-town residents also. We ask all our therapist members, who have any inquiries from prospective students, to recommend this school. Have them mail inquiries to Arthur D. Mann, R.M.T., 14546 Whitman Ave., Seattle 33, Washington, who will see that they get an application form.

There is also much business of our association that is not getting the proper attention. This is not due to wanton neglect, but to the fact that our officers cannot give time enough to these affairs and still carry on their practice.

We need a paid executive secretary, with the proper training and experience, to look after our business affairs properly. There are many projects which could occupy a secretary that would be of great value to us. For example, the insurance field, the malpractice coverage, that we now carry, could be arranged, I am sure, at a much less cost than we now pay. Damage claims by our members have been so few, if any. I am not aware of a claim being paid in the past ten years. Therefore, I believe we should get a much better coverage at a reduced rate.

Then I believe a good secretary could do some negotiating with insurance companies and get our therapists much more of the industrial and health and accident insurance than we now have.

Our massage therapists, who are using the more advanced methods, know how effectively and economically they can treat many such cases as whiplash, sacro-iliac, sacro-lumbar, bursitis, sprains, fracture convalescents, etc. The feeling has long been evident to me that the insurance companies' top officials should be advised of this fact. They would soon find a way of indicating to the medical profession that they would prefer to have massage therapy and other manipulative techniques of the massage therapist included in the treatment procedures of their various cases. I am confident that the money saved by the insurance companies will talk, just as it does in every other industry or business. Several insurance agents were agreeably surprised at the low cost for cases that I have treated for insurance companies in the past years.

Increasing our membership would be another duty of a full time secretary, together with the keeping of records, statistics, etc., which would be of great value to us. Legislative and other phases of legal work that our practicing members cannot spare the time to do and give it the proper attention.

The cost would be high, but if a few states could group together and employ such a qualified person, it might be done. Massage therapy is on the move, it has a future, and we are going to be called upon to meet challenges of a new and greater experience that the future is going to bring to us.

Faternally,

ARTHUR B. DUNBAR, R.M.T.

This Month's Chuckle

A prospective lady patient came in to make an appointment for several treatments. Before I could even make a reply, she informed me that if I would do zone ther-

apy and reflexology I would be as busy as I could be at one dollar or even one dollar and a half per treatment. When I got a chance to talk I told her that as I was already as busy as I could be, practicing scientific massage therapy at a \$5.00 minimum per treatment, why should I treat for less? She threw up her hands, saying, "Oh, I could never pay that much." So ended the interview. When it gets to the point where the patients tell how to treat, and what to charge, it's time to go fishing.

Ed.

We learned through the last issue of "The Masseuse" that one of our Washington Chapter charter members had passed away almost a year ago. She has been on the mailing list of the Washington Massage News and the News letter has been mailed to her regularly. However, no one informed this editor of her passing.

Ernel Rethgeb of Winthrop, Washington, was one of our very early active members and was very highly respected by all who knew her.

Ed.

From the Files of James Weir, M.T., National Educational Chairman

Massage in Arthritis and Allied Disorders

In the therapy of arthritis and allied disorders, massage, properly applied, constitutes a valuable, yet all too often neglected, adjunct to more definite therapy. Although in no sense curative, it is frequently most helpful in hastening resorption of extravasation, in alleviating spasms, and improving muscle tone and nutrition.

Undoubtedly, in order to get best results, massage should be carried out by the trained massage therapist. However, circumstances sometimes necessitate its application by less expert individuals. It is only rarely that a physician himself may wish to administer massage (and few have had actual training in massage technique). For this reason it is desirable for the physician to have a basic understanding of the objectives and techniques of therapeutic massage.

Physiologic Effects of Massage

In the normal active individual, locomotion and other activities involving muscular contraction result in an almost constant "Automassage", producing continual variations of pressure on vessels and lymphatics in the vicinity of the muscles involved. The application of massage is designed largely to duplicate this natural physiologic phenomenon.

The immediate effect of moderately heavy massage may be seen by strongly stroking the skin of the forearm. The immediate initial blanching is quickly followed by an obvious hyperemia which may be related to release of histamine (or histamine-like substance), or to momentary anoxemia induced by the massaging process.

Deeper massage, furnishing alternate compression and relaxation of the deeper vessels, expedites venous return and effectively substitutes in the bedridden patient for the "Automassage" provided by normal muscular contractions involved in locomotion.

Stimulation of lymphatic flow in the muscles may also be a factor of significance. It has been shown by Bauer and associates that certain proteins injected into the joints of dogs are removed by way of the lymphatics and that the process is hastened by massage and passive movements.

As long ago as 1894, also more recently, massage has been demonstrated to increase the number of red blood cells in the peripheral circulation. This is particularly the case when anemia is present; conversely, the response diminishes progressively to zero in patients becoming acclimated to increasing altitudes. These findings are evidence of the effects of massage on the circulating fluids as a whole in distinction to their immediate effect on the circulation of the treated area.

It is generally held that light massage causes muscular relaxation by reflex action while deeper massage evokes contraction. Muscle tone, but not muscle strength, may be significantly improved by massage. It is also believed that the removal of muscle metabolites and toxic materials is expelled by the massaging process. This contention is supported by the increased urinary excretion of nitrogen and non-protein nitrogenous products.

In most patients generalized massage has a distinct sedative effect. It is a recognized therapeutic measure for quieting the mentally disturbed. In the average patient this sedative effect is manifested in a desire to sleep after treatment.

Objectives of Massage in Arthritis

Three objectives in massage have been advanced. First, to improve or maintain adequate conditions of circulation and drainage in the neighborhood of involved joints. Second, to improve or correct the faulty physiologic processes in the soft structures and especially the muscles. Third, to compensate somewhat for the lack of muscular activity that inevitably follows protracted local or systematic disability from arthritis or the rheumatoid syndrome.

Clinically, achievement of these objectives results in alleviation of muscle spasm and in improved muscular tone and nutrition. In conjunction with carefully regulated exercise, massage may also aid in preserving as much as possible the normal range of joint motion and in preventing fibrosis and adhesions. Finally, in the later stages of the rheumatoid disease, when edema of the dependent parts becomes a problem, massage often constitutes the most valuable procedure to rectify the condition.

Contraindications to Massage

There are few but definite contraindications to massage. Malignancy and local infections, including osteomyelitis and tubercular bone or joint lesions, are important examples. In addition, the presence of phlebitis or advanced arterial disease should be regarded as a contraindication and, of course, the skin over the area to be massaged should be free of any form of dermatitis.

In the absence of these danger signals, massage may be employed routinely in the treatment of arthritis, except in the case of the acutely inflamed joint and in these cases where rheumatoid activity is great enough to cause a temperature of 100° F. or higher. In these instances, massage should be deferred until the disease has passed

into a more quiescent phase.

Medication? People with astoeearthritis have had more relief from aspirin which remains one of the best ever discovered for this condition. Occasionally, stronger pain relievers are needed. To relieve muscle spasm -- heat, gentle massage, sometimes muscle relaxing drugs. Neck traction with suitable apparatus has been beneficial after a series of treatments and often lasts a long time.

California State Chapter will be printing a Massage Newsletter in the future. Washington Chapter's own J. L. Hatch, who edited the Washington Massage News a few years back, has been selected as the Editor of the new publication. Lew has asked to be included in our mailing list and will do likewise for us, so we will have another news source. We wish California success with their newsletter, and especially our old friend and past member, J. L. Hatch, R.M.T.

The article titled "Experiences with some massage therapists" in the March issue, brought a request to our editor from Arthur Dunbar for an article on "What a good massage therapy treatment should be." John Murray asked me if I would care to give my ideas on what a good massage therapy treatment should be.

Such an article could go on at great length, if one permits himself to go into much detail. So, for the sake of space in our massage news, I will not go into actual massage movements but will describe techniques to some extent.

I think that the foundation for good massage therapy should begin with preparation, which would start from the moment the client or patient enters the reception room. If he or she receives a good impression from their first observations of your reception room and your professional appearance and manner, their confidence in you is already being established.

I am a firm believer in hydro-therapy in some form, whirlpool paths, cabinet baths or steam room baths, followed by body shampoo, salt glow and shower, to put the skin, muscles and ligaments in shape for a good massage. Without this preparation the skin is dry, muscles are tense, your lubricating lotions do not react well on a skin with either dried or wet perspiration.

In applying massage therapy, I like to begin with the neck. I find it best to stand at the patient's head, and massage the neck, using both hands in a series of effleurage and petrissage, draining the blood from the head, relaxing muscles and nerves, loosening the cervicals by kneading and lifting with the fingers, and stimulating the lymphatics. The one handed method, taught by the college of Swedish massage is all right when you cannot get around to the head of the table or hospital bed, as the case may be, but it is not sufficient for a good neck massage. A good stretching of the cervical vertebrae and muscles by pulling the head with one hand under the chin and one under the occipital bones, pull until you move the patient slightly, then with one hand on the point of shoulder, the other at back of head, stretch first one side, then the other.

This takes care of anything you can accomplish by "neck popping" and is much better for all concerned.

Some begin at the feet, some with the hands, some with the chest, and some do the back first. I find that a good thorough massage of the neck will relax the

whole body, relieving tensions and head aches, by reducing the arterial pressure and cranial nerve tension in sinus pains, etc. Next I massage an arm. It can be either arm, but I take the left one and work around the body from there. In massaging an arm it is much handier to use a belt around your waist with a comfortable handle for the patient to hold; this steadies the arm and gives you freedom of movement. I do about the usual massage of the arm that every Swedish massage therapist does, except that I go up over the deltoids into the trapezius, in the back of shoulder and pectorals in front. To me it gives a more complete arm massage and many patients have told me it did more for them than the average arm massage. Fractures and bursitis are benefited by Swedish massage.

Next I massage the chest, giving a thorough massage to stimulate circulation of blood and lymph in the heart area. In giving a thorough Swedish massage, all nerve reflexes in the area have been treated also. Next comes the abdomen, a thorough scientific massage is so beneficial to the abdomen. It stimulates activity of the liver and secretion of bile from the gall bladder, relieves intestinal stasis, an aid to constipation, prevents adhesions in post operative patients, is a tonic to the pelvic organs and in general tones the abdominal muscles and internal viscera.

Next comes the left leg, the leg massage is very important. The legs and feet are farthest from the heart, and as we walk and stand in a vertical position they bear the body's entire weight; besides we have the pull of gravity which naturally effects the flow of blood in the blood stream. To help overcome this and make it somewhat easier for the heart to pump the blood through the arteries and capillaries and veins, nature has set up a series of valves inside the arteries and veins that open as the heart is contracted in forcing the blood through the system, then close as the heart relaxes for another contraction. These valves aid the heart in doing its work. In the case of varicose veins, the whole vein has become stretched and the valves cannot function in the proper manner. So the veins become more stretched and clogged with blood, making the heart work still harder to overcome gravity and push the blood back to the heart. Scientific massage of the legs and feet is an aid to convalescents in circulation, to muscle cramp and spasms, and nerve reflexes of the feet and legs. Right leg is next and gets same therapy and same benefits.

Now I am back to the abdomen again on the opposite side; from this position I can massage the spleen and splenic flexure, descending colon and sigmoid colon. In my opinion a much more thorough massage of this area can be accomplished by reaching over the patient. I finish the front of the body with massage of the right arm.

Now, the patient turns over face down. I move the "dutchman's roll" from back of knees to in front of the ankles, go to the patient's head and adjust the pillow slightly under the chest in such a way that the patient doesn't need to twist the neck, but can breathe in comfort. I now massage the back, which is most important of all. Reason for leaving it to the last - this is the nerve center of the entire body. The grand trunk line runs right down the inside of the spinal column, branching out at the junction of each vertebrae, but is divided into three main groups: The brachial plexus, which supplies the shoulders, arm, neck, head, and chest cavity; the lumbar plexus, which supplies the organs of the abdomen, stomach, liver, kidneys, and viscera; the pelvic plexus, supplying the pelvic organs, and the legs and feet. A thorough and careful scientific massage of the back is a great relaxer of the whole nervous system, the large heavy muscles of the back and buttocks.

If any of the spinal vertebrae become rotated through strain, stress and tension, they are much easier replaced to normal position after good relaxing massage. Often ten times, scientific massage alone is all that is necessary to correct a rotated vertebrae.

When all this is put together in scientific movements, rythm and routine, and the amount of pressure that comes only from experience, it amounts to what I call a good massage. Many more benefits than I have mentioned are obtained from scientific Swedish massage.

I would fill a small book if I went into the various massage techniques of an ordinary general massage; for specific conditions, requiring remedial massage, would fill another book, as most of you already know who practice Scientific Swedish Massage.

Fraternally,

BLOSSOM G. GUNTLEY, R.M.T.

Multiple Sclerosis and Massage Therapy

The treatment that I am outlining for Multiple Sclerosis cases must be considered as experimental, and has never been clinically proven. There are a few cases that have taken it that have had results really nothing less than miraculous; there are others who have slowly obtained similar results. Of course in Multiple Sclerosis the remissions and recessions make it extremely difficult to evaluate results from treatment, the results cannot be attributed to what one would expect from the law of averages for remissions, nor to the fact that many M.S. cases very often improve when any new type or form of treatment is initiated.

It is also important to have a relationship of complete understanding and trust between the referring Medical Doctor, the massage therapist and the patient. This is as it should be in any referral cases, and especially so in that all M.S. cases need a biological "kick in the pants". Vitamin E in oil 200 Mg per CC and one CC is given, and in the same syringe also give 1,000 micrograms crystalline Vit. B12. This is of tremendous benefit and will continue to be used until something better is provided.

If you are qualified and the Doctor trusts you completely, he will have you administer this injection intramuscularly. In addition to this Vitamin therapy, he will use drugs or hormones or both. No rule of thumb is laid down as to what drugs or hormones, if any, may be used.

The Vitamins E and B12 are considered a must with M.S. patients. As we all know Vitamin E is valuable in strengthening muscle tissue. Vitamin E or B12 is not in any way considered curative. The things that it does accomplish is to vastly improve the disposition of M.S. cases. It goes a long way in making them feel better.

Massage therapy and muscle re-education are very important. It is very important to keep M.S. cases active to the full extent of their impaired ability. When fatigued or exhausted, they will make a comeback in comparatively few minutes time (10 to 15 min.) with rest, preferably lying down in bed. Their daily routine should be activity to the extent of their impaired ability, but with frequent rest periods. The rest periods should be before they reach the stage of complete exhaustion. Swimming is an ideal form of exercise for M.S. cases.

Multiple Sclerosis cases are very impatient people, to attempt to treat them is a trying ordeal for any therapist. He or she must make up in patience all that the patient has in impatience. Any trivial occurrence of an emotional nature may set them back tremendously. The therapist must be very much of a psychologist or the patient can become very discouraged.

Psychological handling of M.S. patients is very important. M.S. makes most of them mean people, and their meanness is perhaps only exceeded by their impatience. They are easily discouraged but seldom are exceedingly depressed or melancholy.

Some patients respond to treatment in a short while, some six or eight months, and some have to continue treatment the remainder of their lives.

Each individual case is different.

Ed.

Fraternally,

JOHN A. MURRAY, R.M.T.

We are now approaching the end of our fiscal year, which will terminate with the State meeting to be held in June somewhere in the State of Washington.

According to the Constitution and By-Laws, our state and national officers cannot hold their respective office after three years of service. Your editor of the Washington Massage News is not considered an officer, but this rule should apply to him or her also.

I have completed three years as your editor. I am hereby resigning with the completion of this issue.

I knew there are many of our members more qualified to give you a better and more interesting news letter than I have, and many who can get better co-operation from the Membership.

I wish to thank all these members who have been cooperative and furnished me with material to make our little paper what it has been.

Fraternally,

JOHN A. MURRAY, R.M.T.

The May meeting of Seattle Chapter will be held at the home of E. L. Miller, M.T., 2820 Queen Anne Ave., at 2:00 PM on May 20th. Annual election of local officers, and general business relative to the State meeting to be held in June, time and place not yet decided.

* WANTED * - A steam cabinet, for information call Alice Langfeldt, Pa 4-9144, Seattle, Washington

Multiple Sclerosis cases are very impatient people, to attempt to treat them is a trying ordeal for any therapist. He must make up in patience all that the patient has in impatience. Any therapist who has an emotional nature may set them back tremendously. The therapist must be very much of a psychologist. The patient can become very discouraged.